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B6-0377/2008 }
B6-0385/2008 }
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B6-0393/2008 }
B6-0395/2008 } RC1

JOINT MOTION FOR A RESOLUTION

pursuant to Rule 103(4) of the Rules of Procedure, by

– Colm Burke, on behalf of the PPE-DE Group
– Pasqualina Napoletano, Alain Hutchinson, Glenys Kinnock, Neena Gill, Anne Van Lancker, Iratxe García Pérez, on behalf of the PSE Group
– Beniamino Donnici, Toomas Savi, Renate Weber, Sophia in 't Veld, on behalf of the ALDE Group
– Margrete Auken, Marie-Hélène Aubert, on behalf of the Verts/ALE Group
– Feleknas Uca, Luisa Morgantini, Gabriele Zimmer, Ilda Figueiredo, on behalf of the GUE/NGL Group

replacing the motions by the following groups:

– Verts/ALE (B6-0377/2008)
– PPE-DE (B6-0385/2008)
– ALDE (B6-0388/2008)
– GUE/NGL (B6-0393/2008)
– PSE (B6-0395/2008)

on Maternal Mortality ahead of the UN High Level Event, 25 September – review of the Millennium Development Goals

European Parliament resolution on Maternal Mortality ahead of the UN High Level Event, 25 September – review of the Millennium Development Goals

The European Parliament,

– having regard to Rule 103(4) of its Rules of Procedure,

– having regard to the Millennium Development Goals, adopted at the UN Millennium Summit in September 2000,

– having regard to the June European Council 'Agenda for Action' and its 2010 milestones,

– having regard to the high-level event on the Millennium Development Goals to be held at UN headquarters in New York on 25 September 2008,

– having regard to the Commission report on the 'Millennium Development Goals 2000–2004' (SEC(2004)1379),

– having regard to the Presidency Conclusions of the Brussels European Council of 16 and 17 December 2004, confirming the full commitment of the European Union to the Millennium Development Goals and to policy coherence,

– having regard to the Communication from the Commission to the European Parliament and the Council on 'Gender Equality and Women Empowerment in Development Cooperation' (SEC(2007) 332),

– having regard to the UN Declaration of the Rights of the Child of 20 November 1959, according to which 'special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care', and to the UN Convention on the Rights of the Child of 20 November 1989, under which signatory states shall 'ensure appropriate pre-natal and post-natal health care for mothers',

– having regard to the Joint Africa-EU Strategy,

– having regard to its resolution of 13 March 2008 on 'Gender Equality and Women's Empowerment in Development Cooperation' (2007/2182(INI)),

– having regard to its resolutions of 12 April 2005 on the role of the European Union in the achievement of the Millennium Development Goals (MDGs) and of 20 June 2007 on 'the Millennium Development Goals – the midway point',

– having regard to its resolutions of 17 November 2005 on a development strategy for Africa and of 25 October 2007 on the state of play of EU-Africa relations,

– having regard to the Fourth World Conference on Women held in Beijing in September 1995, to the Declaration and the Platform for Action adopted in Beijing, as well as to the subsequent

outcome documents adopted at the UN's Beijing +5 and Beijing +10 Special Sessions on further actions and initiatives to implement the Beijing Declaration and the Platform for Action, adopted respectively on 9 June 2000 and 11 March 2005,

– having regard to the joint statement by the Council and the representatives of the governments of the Member States meeting within the Council, the European Parliament and the Commission on European Union Development Policy: 'The European Consensus' (The European Consensus on Development) signed on 20 December 2005, and to the European Consensus on Humanitarian Aid of December 2007,

– having regard to the UN Population Fund's State of World Population reports of 2005 and 2006, entitled respectively 'The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals' and 'A Passage to Hope: Women and International Migration',

– having regard to Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation ('Development Cooperation Instrument' (DCI)),

– having regard to the Protocol on the Rights of Women in Africa, also known as the 'Maputo Protocol', which came into force on 26 October 2005, and to the Maputo Plan of Action for the operationalisation of the Continental Policy Framework for sexual and reproductive health and rights 2007-2010, adopted at the special session of the African Union held in September 2006,

– having regard to the UN International Conference on Population and Development (ICPD) held in Cairo in September 1994, to the Programme of Action adopted in Cairo, and to the subsequent outcome documents adopted at the UN Cairo+5 special session on further actions to implement the Programme for Action adopted in 1999,

– having regard to the Brussels framework for action and recommendations on health for sustainable development, adopted by the health ministers of the African, Caribbean and Pacific Group of States (ACP) in Brussels in October 2007,

– having regard to the International Covenant on Economic, Social and Cultural Rights, which has been in force since 3 January 1976, and in particular to its Article 12,

– having regard to Committee on Economic, Social and Cultural Rights General Comment No. 14, 'The Right to the Highest Attainable Standard of Health', UN Doc. E/C 12/2000/4 (2000),

– having regard to the Convention on the Elimination of All Forms of Discrimination against Women of 3 September 1981,

A. whereas maternal health is the area with the least progress among all the MDGs and, therefore, MDG 5 is among the goals least likely to be achieved by 2015, in particular in sub-Saharan Africa and South Asia,

B. whereas over half a million women die in pregnancy or childbirth every year, and 99% of these deaths take place in developing countries; whereas in 20 years, the rate in sub-Saharan Africa has barely moved with only a 0.1% annual rate of reduction in the region and women there run a lifetime risk of one in sixteen of dying in pregnancy and in childbirth; whereas maternal mortality is the most dramatic indicator of global health inequalities,

C. Whereas, besides geographical inequality, experience and research on maternal mortality reveals significant disparities in maternal mortality rates in terms of wealth, race and ethnicity, urban or rural location, literacy level, and even linguistic or religious divisions within countries, including industrialised countries, a disparity which is the largest discrepancy of all public health statistics,

D. whereas the G8 has agreed a package on health that will help train and recruit 1.5 million health workers in Africa and ensure that 80% of mothers are accompanied in childbirth by a trained health worker; whereas this includes a commitment to upscale to 2.3 health workers per 1000 people in 36 African countries experiencing a critical shortage; whereas, however, there is no mention of ring-fencing the USD 10 billion which civil society activists claim would be required to save the lives of six million mothers and children each year,

E. whereas maternal mortality and morbidity constitute a global health emergency: each year it is estimated that approximately 536 000 women die during childbirth, while one in twenty experience serious complications, ranging from chronic infections to disabling injuries such as obstetric fistula or lifelong disabilities,

F. whereas there is no mystery about why women die in pregnancy and childbirth - the causes of maternal mortality are clear and well known, as are the means to avoid it,

G. whereas maternal mortality could be prevented by increasing access to and adoption of family planning methods, by access to and the provision of safe, quality maternal care, particularly during pregnancy, at delivery, with emergency obstetric care, and in the post-partum period, and by improving women's health and nutritional status and their position in society,

H. whereas this preventive approach includes training women and health workers to recognise complications in pregnancy and childbirth and to seek appropriate care, a network of appropriate health facilities that can be reached within a reasonable time period given available infrastructure and transport, and the provision of adequate care at these nearby health facilities, by trained staff and with effective management and available electricity, water and medical supplies, rural areas included,

I. whereas preventable maternal deaths constitute violations of the right to life of women and adolescent girls, as laid down in numerous international human rights commitments, including the UN's Universal Declaration of Human Rights, and the causes of maternal mortality and morbidity can also involve violations of other human rights, including the right to the highest attainable standard of physical and mental health and the right to non-discrimination in access to basic health care,

J. whereas the right to sexual and reproductive self-determination includes the right to marry, have a family and to enter into sexual relationships voluntarily, and the right to freedom from sexual violence and coercion,

K. whereas it is the responsibility of governments to provide, either themselves or through others, health care services as of right, and whereas even for governments with limited resources there are immediate measures that can be taken that will have an impact on maternal health,

L. whereas, ultimately, the underlying causes of maternal mortality and birth-related injuries are less likely to be practical or structural than symptomatic of the low value and status accorded to women, who are generally disadvantaged in society, and recognising that, in countries with similar levels of economic development, the higher the status of women, the lower the rate of maternal mortality,

M. whereas women are particularly vulnerable during pregnancy or childbirth because of several forms of discrimination, including disparities between men and women in the household, traditional practices that are harmful to women, violence against women, women's lack of control over their reproductive health and rights, rejection of female babies, and stereotypes of women as primarily mothers and carers; whereas the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has been ratified by all EU Member States,

N. whereas the UN General Assembly has included 'universal access to reproductive health by 2015' as a sub-goal in the list of MDGs, under MDG5 - Maternal Mortality,

O. whereas the international community, at the International Conference for Population and Development (ICPD), pledged new resources, identifying 'reproductive health' (including family planning and maternal health services) as a central priority for international development efforts,

P. whereas rather than support being increased, total donor funding for family planning is now far lower than it was in 1994, having fallen from USD 723 million in 1995 to USD 442 million in 2004 in absolute dollar terms,

Q. Whereas the EU has made regular and consistent commitments to meeting the MDG 5 target, most recently in the June 2008 EU 'Agenda for Action',

R. whereas despite the gravity of this problem and the violation of human rights, maternal health services have remained low on the international agenda, overshadowed by attention to disease-specific interventions, and this has led to the marginalisation of maternal mortality, while high HIV rates have contributed to stagnating or deteriorating progress towards reduction of maternal mortality and morbidity,

1. Expresses strong concern over the fact that Maternal Mortality (MDG 5) is the only MDG on which not only has there been no progress since 2000, particularly in sub-Saharan Africa and

South Asia, but 20 years ago the figures were the same as they are now;

2. Notes that alongside education, the empowerment of women significantly contributes to the improvement of MDG 5 (maternal health);

3. Calls on the Council and Commission, ahead of the UN High Level Meeting on the MDGs, to prioritise action to meet MDG 5 (improving maternal health);

4. Calls on the Council and Commission to reduce the disparity between maternal mortality rates in industrialised and developing countries, through increased investment and action to improve human resources for health, and greater resources and commitment for strengthening health systems and basic health infrastructure, including allocations for monitoring, supervision, basic public health functions, community action and other necessary support functions;

5. Calls on the Council and Commission to intensify efforts to eliminate preventable maternal mortality and morbidity through developing, implementing, and regularly evaluating 'road maps' and action plans for the reduction of the global burden of maternal mortality and morbidity, which adopt an equity-based, systematic and sustained human rights-centred approach, adequately supported and facilitated by strong institutional mechanisms and financing;

6. Calls on the Council and Commission to expand the provision of maternal health services in the context of primary health care, based on the concept of informed choice, education on safe motherhood, focused and effective prenatal care, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies, referral services for pregnancy, childbirth and abortion complications, and post-natal care and family planning;

7. Calls on the Council and Commission to promote the access of all women to comprehensive sexual and reproductive health information and services;

8. Calls on the Council and Commission to adopt and develop the already well-established indicators and benchmarks for reducing maternal mortality (including ODA allocations) and to establish monitoring and accountability mechanisms that could lead to a constant improvement of the existing policies and programmes;

9. Calls on the Council and Commission to guarantee that reproductive health care services are affordable, available, accessible, and of good quality, and to devote the maximum available resources to the policies and programmes on maternal mortality;

10. Calls on the Council and Commission to ensure the collection of reliable and timely data to guide the implementation of measures addressing maternal mortality and morbidity;

11. Calls on the Council and Commission to enable training, capacity-building, and infrastructure for an adequate number of skilled birth attendants, and to ensure that all

pregnant women and girls have access to such attendants and that 'road maps' and national action plans reflect this target/outcome/goal;

12. Calls for the upscaling in national health programmes of HIV testing prior to and during pregnancy, antiretroviral treatment for HIV-positive pregnant women, and HIV-preventive measures such as information campaigns and education;

13. Urges the EU to remain in the vanguard of efforts to support sexual and reproductive health rights by maintaining levels of funding for the implementation of the International Conference on Population and Development (ICPD) Programme of Action, and regrets the fact that while sub-Saharan Africa has the highest rates of maternal mortality, it also has the lowest rate of contraceptive use in the world (19%) and 30% of all maternal deaths in the region are caused by unsafe abortions;

14. Believes that in order to meet the MDG targets on universal access to reproductive health by 2015, the level of funding from the EU has to be increased, since if not, women will continue to die from pregnancy and related causes;

15. Calls on the Commission and Council to develop programmes and policies to address the underlying health determinants that are essential to prevent maternal mortality, such as participation in health-related decision-making processes, information on sexual and reproductive health, literacy, nutrition, non-discrimination, and the social norms underlying gender equality;

16. Calls on the Council and the Commission to follow up the advances made in the reduction of maternal mortality, to participate actively in global forums such as 'Countdown to 2015', to share best practices on programmes and policies in this regard, and to promote a continued momentum for improvement;

17. Urges EU Member States to refrain from reneging on funding commitments to meet the MDGs, including MDG 5, and calls on the Council Presidency to take the lead and set an example by ensuring that adequate and predictable funding is available and that efforts are upscaled so that lives can be saved;

18. Recalls the commitment of EU Member States to achieving 0.7 % ODA/GNI by 2015, and calls on those Member States not currently on track to increase their efforts;

19. Calls on those countries which have not yet introduced a ban on harmful practices and traditions such as female genital mutilation (FGM) to take action and to support information campaigns to this end;

20. Asks the Commission to ensure that MDG contracts concentrate primarily on the health and education sectors;

21. Instructs its President to forward this resolution to the Council, the Commission, the Governments and Parliaments of the Member States, the UN Secretary-General, the Inter-Parliamentary Union, and the Development Assistance Committee of the OECD.